

# RELINQUISHMENT OF AN INDIAN CHILD

## In or Out-of-County

### (Birth Mother/Presumed Father in California)

NAME OF TRIBE	ROLL NUMBER OR OTHER EVIDENCE OF TRIBAL AFFILIATION
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Complete upper section before sending this form to an out-of-county agency that has been requested to take the annexed relinquishment.

On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_,

the \_\_\_\_\_  
NAME OF AGENCY

hereby signifies its willingness to accept the annexed relinquishment  
and to accept said minor child for adoption.

By \_\_\_\_\_  
AUTHORIZED AGENCY OFFICIAL

I, \_\_\_\_\_ the mother/father of \_\_\_\_\_, a minor \_\_\_\_\_ child,  
NAME OF PARENT NAME OF CHILD GENDER  
born on \_\_\_\_\_ in \_\_\_\_\_ do hereby relinquish and surrender the child for adoption to  
DATE CITY STATE

NAME OF AGENCY

AGENCY ADDRESS

( )

TELEPHONE NUMBER

an organization licensed by the California Department of Social Services or authorized by Welfare and Institutions Code Section 16130 to find homes for children and to place children in homes for adoption.

I fully understand that when this relinquishment is filed with and acknowledged by the California Department of Social Services, all my rights to the custody, services and earnings of the child and any responsibility for the care and support of the child will be terminated, and the relinquishment will be binding with the signing of the decree of adoption unless I withdraw said relinquishment before the decree of adoption is signed.

DATE

SIGNATURE OF PARENT

The foregoing relinquishment was signed on \_\_\_\_\_ by \_\_\_\_\_ in the presence of:  
DATE NAME OF PARENT

NAME OF WITNESS

SIGNATURE OF WITNESS

NAME OF WITNESS

SIGNATURE OF WITNESS

STATE OF CALIFORNIA )  
COUNTY OF \_\_\_\_\_ )

On \_\_\_\_\_ before me, \_\_\_\_\_,  
NAME OF AUTHORIZED OFFICIAL

\_\_\_\_\_ of the \_\_\_\_\_, an  
TITLE NAME OF AGENCY  
organization licensed by the California Department of Social Services or authorized by Welfare and Institutions Code Section 16130 to find homes for children and to place children in homes for adoption, personally appeared \_\_\_\_\_

NAME OF RELINQUISHING PARENT

proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

SIGNATURE OF AUTHORIZED OFFICIAL

### CERTIFICATION

*The terms and consequences of the voluntary signing of the relinquishment, including the right to withdraw the relinquishment prior to the signing of the decree of adoption were fully explained in detail to and understood by the parent of this Indian child. The explanation was given by the agency representative whose signature is affixed above, in my presence, and in a language understood by the parent.*

SIGNATURE OF JUDGE	SUPERIOR COURT	DATE
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